

**OFFICE OF THE WASHINGTON STATE TREASURER**  
**LOCAL GOVERNMENT INVESTMENT POOL and/Or REVENUE DISTRIBUTION**  
**TREASURY MANAGEMENT SYSTEM (TM\$)**  
**WEB CLIENT LOGON AUTHORIZATION FORM**

**Name of Entity:**

**NOTE: Full Access is available only for LGIP applicants, each LGIP person must also be listed on the Transaction Authorization Form.**

TM\$ Logon IDs and Passwords are requested for the following

1. ☐ Add ☐ Delete ☐ Update

**LGIP:** ☐ Full Access ☐ View only **Rev Dist:** ☐ View only

2. ☐ Add ☐ Delete ☐ Update

**LGIP:** ☐ Full Access ☐ View only **Rev Dist:** ☐ View only

Name:	Name:
Title:	Title:
E-mail address:	E-mail address:
Phone:	Phone:

3. ☐ Add ☐ Delete ☐ Update

**LGIP:** ☐ Full Access ☐ View only **Rev Dist:** ☐ View only

4. ☐ Add ☐ Delete ☐ Update

**LGIP:** ☐ Full Access ☐ View only **Rev Dist:** ☐ View only

Name:	Name:
Title:	Title:
E-mail address:	E-mail address:
Phone:	Phone:

By signature below, I certify I am authorized to represent the institution/agency for the purposes of this transaction.

<i>(Authorized Signature)</i>	<i>(Title)</i>	<i>(Date)</i>
<i>(Print Authorized Name)</i>	<i>(E-mail address)</i>	<i>(Phone no.)</i>

Any changes to these instructions must be submitted in writing to the Office of the State Treasurer. Please mail this form to the address listed below:

OFFICE OF THE STATE TREASURER  
LOCAL GOVERNMENT INVESTMENT POOL  
LEGISLATIVE BUILDING  
P. O. BOX 40200  
OLYMPIA WA 98504-0200  
Fax: 360/902-9044

**Date Received:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Fund Number:** \_\_\_\_  
**Date Updated:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*(For OST ISD use only)*